								טומשיוומו						
. •									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO							RD	5828105004						
	Effective October 1, 2003								300010000					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER SMALL			
TO	TAL CLAIMS		57					RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			57 minus 20=		· 37			XS 9=		OR	X\$18=	666		
INDEPENDENT CLAIMS			6 minus 3 =		• 3	3		X43=	1	OR	X86=	258		
ML	LTIPLE DEPEN	IDENT CLAIM PI	RESENT						+	1		-		
A feet and the second in each second in least them were contact with in column 2							+145:	4	OR	L	Wen			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	<u> </u>	OR	TOTAL	1694		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
ITA		CLAIMS REMAINING AFTER		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT : EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	AMENDMENT	Minus	PAID	r 1		Н	X\$ 9=		OR	X\$18=			
Ē	Independent	• 6	Minus	-	6	*	H	X43=	-	OR	X86=			
A	FIRST PRESENTATION OF MULTIPLE DEPEND			ENDENT	CLAIM			+145=			+290=			
								+143=		OR	TOTAL			
ADDIT, FEE														
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								ADDI-	1		ADDI-		
AMENDMENT B		REMAINING AFTER		NUM PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL		
	Total	AMENDMENT	Minus	PAID	FOR	. —		X\$ 9=	FEE	OR	X\$18=	FEE		
	Independent	• 12	Minus	•••	10	e	1	X43=	-		X86=			
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	700-			
								+145=).	OR	+290=			
· · · · · · · · · · · · · · · · · · ·								TOTA ADDIT. FE		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**				X\$ 9=		OR	X\$18=			
	Independent		Minus	***	•	ė		X43=		οĦ	X86=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							, a=						
* If the entry in column 1 is less than the intry in column 2, write "O" in column 3.										OR	+290=			
"If the entry in column 1 is less than the intry in column 2, write 0 in column 3. TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3." ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE														
	n uso rugnesi NU The "Highest Num	mber Previously Pas	d For (Total or	Independe	inil) is the	highest number	er fou	nd in th	eppropriate bo	ex in co	lumo 1.			

Parent and Trademark Office, U.S. DEPARTMENT OF COMMERCE